

Revision: HCFA-PM-91-4
August, 1991

(BPD)

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

Citation

3.1 Amount, Duration, and Scope of Services (Continued)

§245A(h) of the
Immigration and
Nationality Act,

(a) (6) Limited Coverage for Certain Aliens

(i) Aliens granted lawful temporary resident status under §245A of the Immigration and Nationality Act who meet the financial and categorical eligibility requirements under the approved State Medicaid plan are provided the services covered under the plan if they--

(A) Are aged, blind, or disabled individuals as defined in §1614(a)(1) of the Act;

(B) Are children under 18 years of age; or

(C) Are Cuban or Haitian entrants as defined in §501(e)(1) and (2)(A) of P.L. 96-422 in effect on April 1, 1983.

(ii) Except for emergency services and pregnancy-related services, as described in 42 CFR 447.53(b), aliens granted lawful temporary resident status under §245A of the Immigration and Nationality Act who are not identified in items 3.1(a)(6)(i)(A) through (C) above, and who meet the financial and categorical eligibility requirements under the approved State plan are provided services under the plan no earlier than five years from the date the alien is granted temporary resident status.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

Citation

	3.1	(a)	(6)	<u>Amount, Duration, and Scope of Services: Limited Coverage for Certain Aliens (Continued)</u>
1902(a) and 1903(v) of the Act			(iii)	Aliens who are not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law who meet the eligibility conditions under the State's approved Medicaid plan, except for the requirement for receipt of AFDC, SSI or a State supplementary payment are provided, Medicaid only for care and services necessary for the treatment of an emergency medical condition (including emergency labor and delivery) as defined in §1903(v)(3) of the Act.
1905(a)(9) of the Act		(a)	(7)	<u>Homeless Individuals.</u> Clinic services furnished to eligible individuals who do not reside in a permanent dwelling or do not have a fixed home or mailing address are provided without restrictions regarding the site at which the services are furnished.
1902(a)(47) and 1920 of the Act	<input type="checkbox"/>	(a)	(8)	<u>Presumptively Eligible Pregnant Women.</u> Ambulatory prenatal care for pregnant women is provided during a presumptive eligibility period if the care is furnished by a provider that is eligible for payment under the State plan.
42 CFR 441.55 50 FR 43654 1902(a)(43), 1905(a)(4)(B), and 1905(r) of the Act		(a)	(9)	<u>EPSDT Services</u> The Medicaid agency meets the requirements of §1902(a)(43), 1905(a)(4)(B), and 1905(r) of the Act with respect to early and periodic screening, diagnostic, and treatment (EPSDT) services.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

Citation

3.1 (a) (9) Amount, Duration, and Scope of Services: EPSDT Services (Continued)

42 CFR 441.60

- ☐ The Medicaid agency has in effect agreements with continuing care providers. Described below are the methods employed to assure the providers' compliance with their agreements.

(a) (10) Comparability of Services

42 CFR 440.240
and 440.250

Except for those items or services for which §1902(a), 1902(a)(10), 1903(v), 1915 and 1925 of the Act, 42 CFR 440.250, and §245A of the Immigration and Naturalization Act, permit exceptions:

1902(a) and
1902(a)(10),
1902(a)(52),
1903(v), 1915(g),
and 1925(b)(4) of
the Act

- (i) Services made available to the categorically needy are equal in amount, duration, and scope for each categorically needy person.
- (ii) The amount, duration, and scope of services made available to the categorically needy are equal to or greater than those made available to the medically needy.
- (iii) Services made available to the medically needy are equal in amount, duration, and scope for each person in a medically needy coverage group.
- ☒ (iv) Additional coverage for pregnancy-related services and services for conditions that may complicate the pregnancy are equal for categorically and medically needy.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACTState of VIRGINIA

Citation

42 CFR Part 440,
Subpart B
42 CFR 441.15
AT-79-90
AT-80-34

3.1 (b)

Home health services are provided in accordance with the requirements of 42 CFR 441.15.

- (1) Home health services are provided to all categorically needy individuals 21 years of age or over.
- (2) Home health services are provided to all categorically needy individuals under 21 years of age.

☒ Yes

☐ Not applicable. The State plan does not provide for skilled nursing facility services for such individuals.

- (3) Home health services are provided to the medically needy:

☒ Yes, to all.

☐ Yes, to all individuals age 21 or over; SNF services are provided.

☐ Yes, to individuals under age 21; SNF services are provided.

☐ No; SNF services are not provided.

☐ Not applicable; the medically needy are not included under this plan.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACTState of VIRGINIA

Citation§3.1 Amount, Duration, and Scope of Services (Continued)

42 CFR 431.53

(c) (1) Assurance of Transportation

Provision is made for assuring necessary transportation of recipients to and from providers. Methods used to assure such transportation are described in ATTACHMENT 3.1-D.

42 CFR 483.10

(c) (2) Payment for Nursing Facility Services

The State includes in nursing facility services at least the items and services specified in 42 CFR 483.10(c)(8)(i).

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(BPP)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

Citation

42 CFR 440.260
AT-78-90

3.1 (d) Methods and Standards to Assure Quality of Services

The standards established and the methods used to assure high quality care are described in ATTACHMENT 3.1-C.

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TN No. _____

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(BPP)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

Citation

42 CFR 441.20 3.1 (e) Family Planning Services
AT-78-90

The requirements of 42 CFR 441.20 are met regarding freedom from coercion or pressure of mind and conscience, and freedom of choice of method to be used for family planning.

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(BERC)

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACTState of VIRGINIA

Citation

42 CFR 441.30
AT-78-90

3.1 (f) (1) Optometric Services

Optometric services (other than those provided under §435.531 and 436.531) are not now but were previously provided under the plan. Services of the type an optometrist is legally authorized to perform are specifically included in the term "physicians' services" under this plan and are reimbursed whether furnished by a physician or an optometrist.

☐ Yes.

☐ No. The conditions described in the first sentence apply but the term "physicians' services" does not specifically include services of the type an optometrist is legally authorized to perform.

☐ Not applicable. The conditions in the first sentence do not apply.

(2) Organ Transplant Procedures

Organ Transplant procedures are provided.

☐ No.

☒ Yes. Similarly situated individuals are treated alike and any restrictions on the facilities that may, or practitioners who may, provide those procedures is consistent with the accessibility of high quality care to individuals eligible for the procedures under this plan. Standards for the coverage of organ transplant procedures are described at ATTACHMENT 3.1-E.

1903(i)(1) of the
Act, P.L. 99-272
(\$9507)

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACTState of VIRGINIA

Citation42 CFR
431.110(b)
AT-78-903.1 (g) Participation by Indian Health Service Facilities

Indian Health Service facilities are accepted as providers, in accordance with 42 CFR 431.110(b), on the same basis as other qualified providers.

1902(e)(9) of the
Act, P.L. 99-509
(§9408)(h) Respiratory Care Services for _____ Ventilator-
Dependent Individuals

Respiratory care services, as defined in §1902(e)(9)(C) of the Act, are provided under the plan to individuals who--

(1) Are medically dependent on a ventilator for life support at least six hours per day;

(2) Have been so dependent as inpatients during a single stay or a continuous stay in one or more hospitals, SNFs or ICFs for the lesser of--

☐ 30 consecutive days;

☐ _ days (the maximum number of inpatient days allowed under the State plan);

(3) Except for home respiratory care, would require respiratory care on an inpatient basis in a hospital, SNF, or ICF for which Medicaid payments would be made;

(4) Have adequate social support services to be cared for at home; and

(5) Wished to be cared for at home.

☐ Yes. The requirements of the §1902(e)(9) of the Act are met.

☒ Not applicable. These services are not included in the plan.

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